2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P08000097641

Entity Name: DORAL CARE CENTER, INC

Current Principal Place of Business:

8181 NW 36 ST, SUITE 5A
DORAL, FL 33166

New Principal Place of Business:

8181 NW 36 ST, SUITE 6C
DORAL, FL 33166

Current Mailing Address:

8181 NW 36 ST, SUITE 5A
DORAL, FL 33166

New Mailing Address:

8181 NW 36 ST, SUITE 6C
DORAL, FL 33166

FEI Number: 26-3670713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SECO, YVONNE
8181 NW 36 ST, SUITE 5A
DORAL, FL 33166 US

Name and Address of New Registered Agent:

SECO, YVONNE
8181 NW 36 ST, SUITE 6C
DORAL, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SECO, GILBERTO MD
Address: 8181 NW 36 ST, SUITE 5A
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SECO, GILBERTO MD
Address: 8181 NW 36 ST, SUITE 6C
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERTO SECO GS 01/16/2009
Electronic Signature of Signing Officer or Director — Date